

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET 10
(FOR USE WITH FORM PTO-875)

ITEM NO.

1534073

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3		7						53					
4		2						54					
5		2						55					
6		2						56					
7		2						57					
8		2						58					
9								59					
10	1							60					
11		2						61					
12		1						62					
13		2						63					
14		1						64					
15		1						65					
16		1						66					
17		1						67					
18		1						68					
19	1							69					
20								70					
21	1							71					
22		1						72					
23		2						73					
24	1							74					
25		1						75					
26		1						76					
27		2						77					
28		1						78					
29		1						79					
30		1						80					
31		1						81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5							TOTAL IND.					
TOTAL DEP.	48							TOTAL DEP.					
TOTAL CLAIMS	50							TOTAL CLAIMS					